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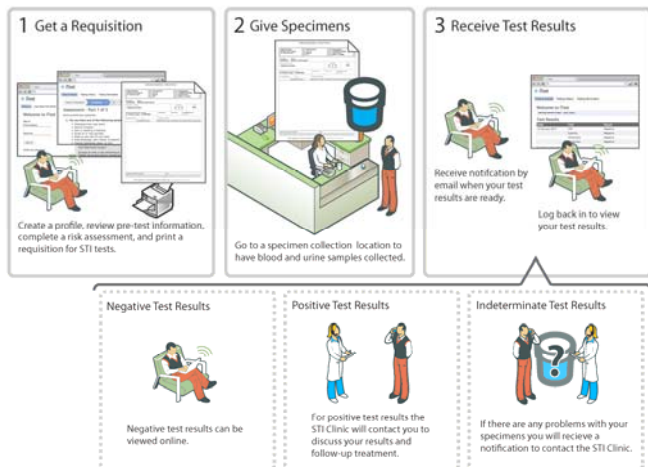
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BACKGROUND

Internet-based STI and HIV testing can have good uptake by and reach into untested populations.¹⁻⁴ A new program under development in BC will offer online *Chlamydia*, gonorrhoea, syphilis, and HIV testing. The service will be offered initially to STI clinic clients and gay men and other men who have sex with men in Vancouver, with the aim of increasing test uptake and frequency and easing demands on clinic-based testing services.

We conducted a series of focus groups in spring 2011 to determine the acceptability of the proposed internet testing model and of the service overall.

Figure. Proposed British Columbia internet-based STI/HIV testing model



METHODS

- Recruitment:** We recruited self-identified gay/bisexual/two-spirit men via community agency email lists, online classifieds, and flyers. STI clinic clients were recruited via clinic flyers and emails to clients who had consented to be contacted for research.
- Focus Groups:** Following a brief description of the model (see Figure), a structured interview guide was used which addressed willingness to provide personal information online, ways to engender trust in the service, interest in specific features, and appeal and willingness to use the service.
- Analysis:** Focus groups were audio-recorded and an observer took detailed field notes. Analysts listened to audio recordings to validate field notes, and a consensus-based coding scheme was applied. Data were analyzed using a "scissor and sort" technique.⁵
- Ethics:** All participants gave written informed consent and received a \$25 honorarium. This research was approved by the Behavioural Research Ethics Board, University of British Columbia.

RESULTS

Table 1. Description of participants

| Variable | % |
|---|-----|
| Age, years | |
| 20-29 | 26 |
| 30-39 | 13 |
| 40-49 | 36 |
| ≥50 | 26 |
| Gender | |
| Male | 82 |
| Two-spirit | 8 |
| Female | 10 |
| Country of birth | |
| Canada | 87 |
| Sexual orientation | |
| Gay | 49 |
| Bisexual | 10 |
| Two-spirit | 5 |
| Straight | 31 |
| Unknown | 5 |
| Highest level of education completed | |
| Elementary school | 3 |
| High school | 26 |
| University | 59 |
| Graduate school | 13 |
| Testing history | |
| Ever tested for HIV | 97 |
| Ever tested for STI (other than HIV) | 92 |
| Tested for HIV or STI in past year | 74 |
| Access to technology | |
| Private internet-connected computer | 100 |
| Printer used to print personal information | 79 |

A total of 39 people participated in 6 groups (4-9 participants each).

Current barriers: Articulated barriers to in-clinic STI/HIV testing:

- Fear and avoidance due to stigma associated with STI/HIV testing and sexuality
- Embarrassment or discomfort in talking to clinicians about sexual health concerns
- Long wait times for appointment/in clinic
- Difficulty returning/calling for results
- Lack of family doctor, dissatisfied with doctor
- Lack of access to clinic which is queer-friendly or sensitive to sexual health issues

Perceived benefits: Internet testing was thought to circumvent these barriers through:

- Greater anonymity
- Standardized care, available any time of day or night
- Control over when they access testing

"This is definitely a service I would use, not only for the convenience factor but I mean, no matter how old we are, it's still an embarrassing issue for a lot of people. Like he was saying, there's the STI clinic, and so what I do is look around and see what traffic is on the road... because it's embarrassing for me."

Building trust: At first presentation of the model, participants generally expressed concerns with internet-based STI/HIV testing; however, through discussion, suggestions emerged for how these initial concerns may be allayed.

Table 2. Concerns and corresponding strategies for mitigation

| Concern | Suggestions for mitigation |
|--|--|
| Reluctance to provide personal information online | <ul style="list-style-type: none"> ☞ Only ask for information required for testing ☞ Explain rationale for other data collected |
| Distrust of security of data provided online | <ul style="list-style-type: none"> ☞ Describe security measures of website up-front ☞ Explain additional measures client can take (e.g., private browsing, clear cache/history) |
| Ensuring comprehensive pre-test counseling | <ul style="list-style-type: none"> ☞ Remind clients of the option of coming to a clinic for face-to-face pre-test discussions ☞ Include detailed pre-test information on the website |
| Support for those receiving positive results, particularly for HIV | <ul style="list-style-type: none"> ☞ Do not provide any positive results online ☞ Provide links to referrals, including counseling and support services in community |

"I think dealing with people's fears around this is a critical component of it. And anonymity is going to be kind of a position people will start from, and then they'll sort of move to a point of being more comfortable."

Managing expectations: Participants expected the following:

- Features similar to other web-based services:
 - Booking clinic appointments or getting prescriptions online
 - Sending lab requisition to smart phones or directly to the lab (vs. printing requisition form)
 - SMS or text message result notification and reminder services
- That the service will "take care of them":
 - Similar standards of service to that offered in-clinic.
 - Referrals and education for services not available (e.g., other STI tests)
 - Referrals to peer support, counseling, care, and treatment for those who tested positive
- Options (e.g., how and when they're notified/receive results, how often reminded to re-test)

"[Re: how would you like to be notified of results] I'd rather it just be like, either or, check online, and maybe click something if you prefer to be notified by phone... but certainly there should be the option as well for people who just want to be notified over the internet, on their own terms."

Uptake: Overall, most participants said they would use the service or recommend it others.

Those who indicated they would be unlikely to use it generally either lived near an STI clinic and therefore had convenient access to testing, or routinely saw a family doctor with whom they were comfortable testing.

Greatest benefit: Participants perceived the greatest benefit for individuals who:

- Don't have access to sensitive sexual health services (e.g., those living outside city center)
- Are reluctant to test due to stigma (e.g., youth, non-gay-identified MSM)
- Want to take action *now* (e.g., those who had a recent possible exposure to an STI/HIV)

"I think who you could get is people who decide to do this very spontaneously, who, if they had to go to the lab they would have time to change their mind or find an excuse not to."

CONCLUSIONS

- Internet testing holds promise as a means to complement existing clinic-based STI testing services.
- Prospective clients from a sample of predominantly gay men, experienced with testing and living in Vancouver, Canada expressed enthusiasm for the present model.
- Trust in the service is a prerequisite to client uptake and may be engendered by transparency of information about the model, and by accounting for the most salient concerns related to confidentiality, data usage, and provision of positive (especially HIV) results.
- Internet testing has the potential to reduce barriers to testing particularly among those with limited access to sensitive sexual health services and those who avoid testing due to HIV and sexual health-related stigma.
- Ongoing evaluation of this new model will be essential to its success and to the confidence of its users.

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